Children's Wisconsin

Just in time teaching

Violent Restraints

What is a violent restraint?

- A violent restraint is any manual method, physical or mechanical device that immobilizes or reduces the ability of a patient to move their arms, legs, body, or head freely and is only used to when the patient is exhibiting violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others.
- A violent restraint is NOT used for punishment, coercion, discipline, retaliation, or convenience and cannot be solely on prior history or dangerous behavior

Who can initiate/apply violent restraints?

- All efforts to collaborate with interdisciplinary team regarding need for violent restraints should be attempted. Staff who are safely trained to implement violent restraints, such as Public Safety, Behavioral Assessment Team, or nursing, may initiate in emergency situations.
- Nursing should alert LIP as soon as possible after initiation to obtain order for violent restraint.
- Public Safety must assist the RN with appropriate type and application of restraint devices for violent/self-destructive use.
- Violent restraints are to be applied securely and safely, not compromising skin integrity or circulation. Restraint should be kept clean and dry.

Ordering of Restraints:

Restraint orders MUST be placed by the following providers considered to be licensed independent providers ("LIP"): licensed physicians, residents/fellows with a Temporary Education Permit (TEP), advanced practice nurse prescribers or physician assistants. If Attending Physician did not order the restraint they are notified as soon as possible. First year residents/interns and first year fellows that trained outside of the United States cannot enter restraint orders.

Time Limit of restraint order:

If a patient requires restraints beyond this time limit, a new order must be placed:

- 4 hours for age 18 & older
- 2 hours for 9 to 17
- 1 hour for age 8 and younger
- PRN orders are prohibited

Orders should reflect the above length of time and may be renewed for a maximum total of 24 hours. Alternative strategies, assessments, and interventions must be attempted and documented if renewed beyond 24 hours.

When renewal of violent restraints is being asked:

To prevent further trauma caused to patient and staff involved, please consider alternative interventions prior to renewal of violent restraints including but not limited to:

- Use of PRN medications for agitation management
- Discussion with Care Team, care conference, or huddle
- Consulting Behavioral Assessment Team, Creative Therapies, Child Life Specialists, or others
- Consulting CL services- Psychology or Psychiatry if not already involved
- PRN or other medication for continued aggression
- Involve Unit leadership team, Administrator on call, or Patient Care Manager on call

* Date 7/1/2023
Date to review 7/1/2026
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ASSESSMENT AND DOCUMENTATION REQUIREMENTS

	Provider	Registered Nurse	CP/sitter
Initiation of restraint	Enter Violent Restraint order for time of initiation Face-to-face assessment within 1 hour of restraint application, documented within order placement: • Patient's immediate situation • Patient's reaction to the intervention • Patient's medical and behavioral condition • Need to continue or terminate the restraint	Obtain order from Provider Assess/ Document flowsheet: • Provider notification • Alternative strategies • Justification for restraint • Discontinuation criteria • Visual check- current behavior • Physical comfort- position • Circulation and skin integrity • Appropriate restraint type Education for Patient/family • Reason for restraint • Alternatives attempted • Criteria for release • Document in Education tab	If the patient condition warrants, one on one continuous observation may be used. If appropriate, sitter may reside outside room intermittently. Vital signs per provider order or earlier if warranted per patient condition.
Every 15 minutes		Assess/ Document flowsheet: • Visual Check- current behavior • Physical Comfort- position • Circulation and skin integrity • Supportive Interventions	
Every 2 hours if applicable, PRN	See above recommendations if approaching order renewal Violent Restraint order must be reordered at or near time of expiration if patient continues to meet criteria for violent restraint use. **A new Face-to-face must be conducted for each renewed order.**	Assess/ Document flowsheet: • Range of motion • Fluids • Nutrition • Elimination/incontinence	
End of restraint		○ Complete family/patient education ○ Document end time of restraint ○ Update nursing plan of care using "Behavioral Outbursts" care plan ○ Debrief with Public Safety, Behavioral Assessment Team and other staff members involved in episode	○ Return to bedside for 1:1 observation ○ Debrief with Public Safety, Behavioral Assessment Team and other staff members involved in episode